JC13 Rec'd PCT/PTO 2 6 APR 2005

Application Data Sheet

Application information	Appl	lication	Inform	atior
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Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD_R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

No

Computer Readable Form (CRF)?::

No

Title::

FLUID-ASSISTED ELECTROSURGICAL SCISSORS

AND METHODS

Attorney Docket Number::

13045.0039USWO

Request For Early Publication::

No

Request For Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets:

12

Small Entity::

No

Latin Name::

Variety Denomination Name::

Petition Included::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Michael

Middle Name:: E.

Family Name:: MCCLURKEN

Name Suffix::

City of Residence:: Durham

State or Province of Residence:: New Hampshire

Country of Residence:: United States

Street of mailing address:: 26 Deer Meadow Road

City of mailing address:: Durham

State or Province of mailing address:: New Hampshire

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 03824

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Roger

Middle Name:: D.

Family Name:: GREELEY

Name Suffix::

City of Residence:: Portsmouth

State or Province of Residence:: New Hampshire

Country of Residence:: United States

Street of mailing address:: 95 Burkitt Street

Initial 04/26/05

City of mailing address::

Portsmouth

State or Province of mailing address::

New Hampshire

Country of mailing address::

United States

Postal or Zip Code of mailing address:: 03801

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

John

Middle Name::

W.

Family Name::

BERRY

Name Suffix::

City of Residence::

Bel Air

State or Province of Residence::

Maryland

Country of Residence::

United States

Street of mailing address::

1018 Saddleback Way

City of mailing address::

Bel Air

State or Province of mailing address::

Maryland

Country of mailing address::

United States

Postal or Zip Code of mailing address:: 21014

Correspondence Information

Correspondence Customer Number::

23552

Representative Information

Representative Customer Number::

23552

Initial

04/26/05

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing
			Date::
This Application	National Stage of	PCT/US2003/034306	10/28/03
PCT/US2003/034306	Non-Provisional of	60/422190	10/29/02

Assignee Information

Assignee Name::

TISSUELINK MEDICAL, INC.

Street of mailing address::

Suite 400, One Washington Center

City of mailing address::

Dover

State or Province of mailing address::

New Hampshire

Country of mailing address::

United States

Postal or Zip Code of mailing address:: 03820